OFFICIAL FILE ILLINOIS COMMENCE COMMISSION FOR



For Commission Use Only:

Case: 01-0400

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

Regarding a complaint by (Person making the complaint):	irold Stout	
Against (Utility name): Clear Rate Ca	mmunications who	
As to (Reason for complaint) Alleged Slam	iming	
in Southfield, M:		
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS	:	
	x 145 Middletown.	-
The service address that I am complaining about is 24700	North western Highway	Su:+c340
My home telephone is	[217] 445-2854	48075
Between 8:30 A.M. and 5:00 P.M. weekdays, 1 can be reached at	[217] 750 - 1371	
(Full name of utility company) Clear Rate C. to the provisions of the Illinois Public Utilities Act.	ommunications (respondent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rules and the law of the law o	ule(s), or utility tariffs that you think is involved with	CSTAMERCE COMPLISSION ZIEN JUL -6 FOR
Have you contacted the Consumer Services Division of the Illinois Con	nmerce Commission about your complaint?	□Yes □ No
Has your complaint filed with that office been closed?		Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed. Used my name. Harold Stort, and my wife's telephone number, to open a account with their company. Sent me abill on 5-27-07 for 136.40, that I had no idea what it was for Called the Company. told me they were my new telephone provider. Called Jim, at Illinois Commerce Commission told me this was a alleged slamming. On 6-11-07 sent me another bill for 619.00, for breaking my contract with them. called Jim again. Now I am in the process of filing this formal complaint. Please clearly state what you want the Commission to do in this case: That my service with Clear Rate Commonications has been terminated, and that all charges with my account with them be terminated also. Complainant's Signature 1 Lowell Start (Month day year) If an attorney will represent you, please give the attorney's name, address, and telephone number. You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents). VERIFICATION A notary public must witness the completion of this part of the form. 1. Hoveld Stort first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge. Subscribed and sworn/affirmed to before me on (month, day, year) <u>July 57h 2007</u> Notary Public, Illinois

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.